form 34-5 per cent of the population, in 1928 they accounted for 59* 1 per cent of the patients in the consulting-rooms of the municipal doctors.

(3) To some extent the lower mortality among the Jews is also due to the fact that, especially in Central and Western Europe, they engage less frequently in dangerous and unhygienic occupations, such as mining, the chemical industry, etc.

(4) But, after all, death can merely be deferred, and the very reduction of the death-rate at an earlier stage must necessarily result in a subsequent increase. The decline of the birth-rate, combined with a decrease in infantile and general mortality, has produced an upward trend in the age-distribution of the Jews. The lower ranges became attenuated, the higher relatively more numerous. In certain countries, *e.g.* in Prussia., the Jewish community shows an altogether abnormal age-distribution. The usual structure of a population resembles a pyramid of which the youngest age-group forms the base, while the later groups, through gradual dying off£, contract towards the apex. "The down-right grotesque abnormality of the age-distribution of the Jewish population of Prussia in 1925", writes Mr. Silber-gleit, "is best illustrated by the fact that the age-group of those under five (who form 6-1 per cent of the total) is numerically exceeded by every quinquennial

group up to sixty."[1] Among the Jews of German nationality there were only 19,223 children under five years, and 28,016 persons between forty-five and fifty. But an ageing population must necessarily pay a heavier toH to death than a youthful one. The Jews now repay to death what they had withheld from it in the previous fifty or sixty years. Their death-rate therefore rises most where it had previously been lowest, as, for instance, in Hamburg. It appears that with the German Jews the limit has already been exceeded

[1] *Die Bevolkerungs- und Berufsverhaltnisse der Juden im Deutschen Reid,* vol. L p. 61 (Berlin, 1930).